



# State of New Hampshire 2011 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2011

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/11/2011

Business ID: 638433

William M. Gardner

Secretary of State

3 Stone Dental PLLC

17 Old Chester Road  
Springfield, VT 05156

## ADDRESS OF PRINCIPAL OFFICE:

17 Old Chester Road  
Springfield, VT 05156

## REGISTERED AGENT AND OFFICE:

Ellis, Marjorie  
367 Washington St  
Claremont, NH 03743

ENTITY TYPE: PROFESSIONAL LLC

BUSINESS ID: 638433

STATE OF DOMICILE: NEW HAMPSHIRE

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## MANAGERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

NAME Marjorie Ellis  
STREET 367 Washington St Unit 3  
CITY/STATE/ZIP Claremont, NH 03743  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

## MEMBERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_  
NAME \_\_\_\_\_  
STREET \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

To be signed by the manager, if no manager, must be signed by a member for the entity type of a PLLC.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.  
All the members and managers are qualified persons with respect to the professional limited liability company.

Sign here:

Please print name and title of signer:

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):

ds@vermontel.com



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529

*Paid ch # 1669  
Feb acct.*